CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH
WALTER M. DICKIE, M.D., Director

Weekly Bulletin

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Population

By Professor Henry Pratt Fairchild of New York University, President of the Population Association of America, 1931–1935, Conference on Population Studies in Relation to Social Planning, Hotel Willard, Washington, D. C., May 2, 1935.

The first four years of the Population Association of America have witnessed great strides in the development of population theory, and the recognition of its practical significance to human welfare. The International Population Union was created four years earlier, and its existence contributed directly to the formation of the Population Association, by emphasizing the importance of a formal and official organization of the population workers in the United States. In recognition of determinative circumstances, the American Committee of the International Union came into being shortly before the Population Association, and has played, and continues to play, an outstanding part in the affairs of the International Union. The American Delegation to the London Conference in 1931 was notable for its size and quality. It is a matter of great gratification to all that, largely through the broad statesmanship of the chairman of the American Committee, Dr. Louis I. Dublin, an arrangement has been consummated whereby the American Committee becomes an integral part of the Population Association, and the Population Association is still further strengthened as the recognized agency of scientific population work and interest in this country.

One of the paradoxical consequences of outstanding scientific achievement in a given field is that the general public, and even experts, are likely to fall into the assumption that the matter has been definitively settled, and that little more need be or can be done in the way of improvement or revision. This is emphatically true in the field of population theory. The work of Malthus was such an outstanding achievement, and was launched at such a favorable epoch, that it swept the thinking public with it. In the eyes of those who accepted it at all, it seemed to be almost a complete and perfect exposition of the principles of population. Consequently, for a hundred years there was a great deal of criticism and opposition by those who objected to Malthusianism, but very little constructive contribution or amplification by those who were fundamentally in sympathy with it. Population theory was Malthusian theory and you either accepted it or denied it. Particularly, if any of the forecasts expressed or implied in Malthus' essay did not seem to have been verified, it was easy to make the assumption that the whole Malthusian theory had been disproved.

The tendency to either accept the Malthusian doctrine as adequate, or to dismiss it as unsound, and in either case not to do much of anything about it, was accentuated by the economic and social developments of the nineteenth century. The Malthusian doctrine is one which has a special appeal in an age of obvious overpopulation. Its central postulate is the pressure of population on the means of subsistence. The combination of technological improvement with the acquisition and exploitation of vast natural resources—in other words, the expansion of the land and state of the arts factors in the Malthusian formula—relieved the actual overpopulation in the western world, or at least masked that which still persisted, and created the

Defective

impression that population pressure was not the constant and menacing force that Malthus had depicted it. The more optimistic, even among the scientists, found it easy to fall into the complacent assumption that things might go on as they were indefinitely without the increase of population creating any serious problems or meriting any particular attention. As a consequence of all these conditions, relatively little accomplishment was made in the development of population theory during the nineteenth century.

As the twentieth century got under way, however, several new factors of great significance again brought the matter to the fore. First of all, the mounting figures of population growth themselves demanded attention. As the improvement in vital statistics made wider information available the startling truth was perceived that during the last hundred years a much greater number had been added to the total of humanity than during the entire previous existence of mankind. The work of certain statisticians, particularly Knibbs of Australia, made it emphatically clear that such increase could not possibly go on indefinitely. In the second place, profound changes were taking place in vital phenomena, particularly as expressed by the birth rate and the death rate. Since both of these rates were falling at the same time, there was as yet no marked effect upon the rate of population growth, but it was obvious that such an effect must eventually appear. The fall in the death rate was traceable to certain observable causes such as public health work, improved medical and surgical attention, prenatal and infant care, etc. But no matter how great these improvements might be, the death rate could not be reduced indefinitely. Sooner or later it would tend to level off, and then, unless the decline in the birth rate were checked, the rate of population growth would be seriously affected. The causes of the decline in the birth rate were not so obvious, but there was good reason to suppose that one factor was the extension of birth control ideas and practices, which, however they might be viewed from the moral, ethical, or religious point of view, were unquestionably operating to bring the reproductive activities of men and women, particularly in the family relationship, under the control of reason, foresight, and will.

In the third place, the rapid appropriation and frequent deterioration and exhaustion of many natural resources emphasized the inescapable limitations of the means of subsistence in a finite world. Even in the countries of the western hemisphere the spectre of overproduction again raised its menacing head, and demanded that the population growth be treated from the point of view of social policy.

In the fourth place, the rapid development of scientific biological knowledge opened the way to a much fuller and clearer understanding of the process of population growth, and combined with the more personal and emotional features of the birth control movement to demonstrate that the time was at hand when the whole matter of population increase, whether viewed from the familial or societal point of view, could be reduced to the same basis of rational, intelligent, and purposeful administration as the other great interests of human existence. Finally, the development of the eugenics movement, under the inspiration and guidance of Galton and his followers, was throwing the spotlight of public attention upon the question of quality in human population, and its importance for social health and progress. This field, however, was not yet recognized as an integral aspect of public theory, but was regarded as a distinct region of interest and activity.

Such was the general situation when the International Population Union and the Population Association of America came into existence. The importance of population and its understanding, not only in the field of biological and sociological theory and statistics, but also in the realm of practical social administration and planning, was rapidly winning recognition. Important new contributions were being made to the mathematical theory of population, the relation of migration to population growth was being recognized, and the intimate relationship of population to social welfare, and to every specific social problem, was becoming increasingly clear. One fortunate circumstance was that those who were active and influential in the birth control movement were becoming increasingly aware of the far-reaching potentialities of their activities, and the importance of associating practical work in this field with the soundest sociological theory, and the most expert scientific guidance. It was this conviction, in part, that resulted in the First World Population Conference in Geneva in 1927, out of which the International Population Union originated. At the same time, the tendency already mentioned to treat the qualitative aspects of population as a field by themselves was already threatening unfortunate consequences. The very word population was rapidly acquiring a limited significance, and workers in population, both in conferences and elsewhere, habitually restricted themselves to the quantitative aspects of the field. One of the distinct achievements of the Population Association has been to conteract that tendency. In the deliberations that preceded the formation of the association, much time and thought were given to the question as to whether or not the qualitative aspects of population should be included within its domain.

There can be no doubt of the constructive character of the affirmative decision that was eventually reached, and there is every reason to believe that in the future the quantitative and qualitative aspects of population will be recognized as integrally related, and that work in both fields will be coordinated, thereby producing a really comprehensive and well-rounded theory. The word population has been definitely rescued from the restricted connotation that threatened it, and there is every reason to believe that future population conferences, even more than the present one, will afford opportunity for the discussion of qualitative considerations as well as quantitative, and coordination of the two.

Other notable achievements characteristic of the new era of population work which the association symbolizes are the development of the concepts of true birth rates and true death rates, and the demonstration of the relationship between age distribution and rates of population growth and crude vital statistics. A far better basis has been laid than existed before for the forecasting of future population changes, as well as for the interpretation of these prospects in terms of social adjustments and relationships.

Perhaps most important of all is the more wholesome and realistic attitude of scientific population workers toward social welfare and national planning which this conference exemplifies. Economists, socialists, statesmen, social workers and administrators are all beginning to see, or are in the way of having it impressed upon them, that of all the factors that condition social development none is so important as the size and quality of the population, and of all social problems none is so weighty and so fundamentally determinative as that which affects the growth and movements of population. The literature of the subject is growing rapidly, courses are being developed in colleges and universities, and the subject is finding increased welcome in forums, on lecture platforms, and in the semipopular periodicals. As a part of this trend, the birth control movement is being progressively recognized, not only as a factor in social change that can not be ignored, but as a phenomenon which must be given its due place in sociological theory, and a sort of laboratory from which data of genuine scientific importance may be derived. In this connection there can also be observed a very noteworthy rapprochement between the two leading branches of practical or melioristic activity, the birth control movement and the eugenics movement. Not only is it clearly realized today that both eugenics and birth control are dependent upon scientific population theory and can in their turn contribute something to that theory, but also that from the point of view of practical achievement, birth control and eugenics are inseparably dependent upon each other. Eugenics helps set the goal for birth control, and birth control furnishes an indispensable instrument to eugenics.

Most important of all is the growing tendency to break down the rigid barrier that has in the past all too frequently separated the scientific research worker and theorist from the problems and needs of the society of which he is a member. The feeling that there is something about practical efforts and agencies for social improvement that contaminates a scholar if he comes in contact with them is rapidly giving way. In its place is arising the conviction that the sociologist, the biologist, and the statistician can retain their scientific integrity while making a contribution to sound, purposeful accomplishment, just as truly as the engineer, the chemist, the physicist, the anatomist, or the bacteriologist. There is developing a division of applied population theory just as scholarly and just as scientific as the practical branches of the physical sciences. Conversely, those who are working in the field of immediate personal relationships and their improvement are turning, as never before, to the population theorists for the principles upon which alone can their practical work be beneficial and constructive.

All of this furnishes grounds for much encouragement and gratification. But an enormous amount remains to be done. In fact, these new developments have expanded the need for research far more than they have met it. Much still remains to be achieved in the correlation of research in the quantitative and qualitative aspects. There is need for a much more comprehensive, accurate, and uniform terminology of population science than now exists. For instance, there is no satisfactory term to designate numerical changes in population, first the aggregate changes, including migration, and second, those that are due to biological propagation. Such terms as ''rate of population growth'' and ''rate of population increase'' are obviously unsatisfactory, and the term ''natural increase'' is conspicuously a misnomer when applied to reproduction that is conditioned by the institutional conventions of the family, and all the artificial contrivances of contraceptive practice.

(Concluded in next issue)

Reason's whole pleasure, all the joys of sense,
Lie in three words—health, peace and competence.
—Pope.

''Traveling on momentum alone is simply a process of coming gradually to a dead stop.''

A careless man is just an accident going somewhere to happen.—*Hygeia.*

MORBIDITY

Complete Reports for Following Diseases for Week Ending September 14, 1935.

Chickenpox

71 cases: Alameda 1, Berkeley 13, Oakland 3, Piedmont 1, Pinole 2, Fresno County 1, Los Angeles County 4, Los Angeles 4, South Pasadena 1, Marin County 2, Monterey County 3, Riverside County 1, Riverside 1, Sacramento 4, San Francisco 6, San Joaquin County 3, Stockton 11, Daly City 1, Santa Barbara County 1, Santa Barbara 3, Santa Maria 2, Santa Cruz 2, Ventura County 1.

Diphtheria

34 cases: Alameda County 1, Oakland 6, Los Angeles County 6, Long Beach 1, Los Angeles 5, Manhattan 1, San Gabriel 1, Monterey Park 1, Bell 1, Napa County 2, Anaheim 1, Santa Ana 1, San Diego County 1, National City 2, San Francisco 2, San Jose 1, Stanislaus County 1.

German Measles.

39 cases: Alameda County 1, Alameda 4, Berkeley 1, Hayward 1, Oakland 4, Colusa County 1, Contra Costa County 4, Los Angeles County 3, El Secundo 1, Los Angeles 1, San Gabriel 1, Santa Ana 5, San Diego 1, San Francisco 9, Stockton 1, Palo Alto 1.

Influenza

11 cases: Orland 2, Los Angeles County 1, Glendale 1, Los Angeles 5, San Diego County 2.

Malaria

12 cases: Los Angeles County 1, San Joaquin County 9, Lodi 1, Santa Clara County 1.

Measles

61 cases: Alameda 1, Oakland 1, Contra Costa County 2, Los Angeles County 1, Compton 1, El Monte 1, Long Beach 1, Los Angeles 6, San Fernando 3, Monterey County 4, Orange County 1, Santa Ana 1, Elsinore 1, San Diego 6, San Francisco 11, San Joaquin County 1, Stockton 1, Santa Barbara County 4, Santa Clara County 1, San Jose 3, Santa Clara 1, Watsonville 1, Ventura County 1, Santa Paula 1, Woodland 6.

Mumps

108 cases: Alameda County 4, Alameda 2, Berkeley 5, Emeryville 4, Oakland 17, Piedmont 4, San Leandro 1, Butte County 1, Colusa County 1, Kern County 4, Taft 1, Los Angeles County 2, Los Angeles 4, Santa Monica 1, Merced 1, Anaheim 1, Santa Ana 1, Placentia 2, Riverside County 1, Sacramento 20, Redlands 1, San Diego 1, San Francisco 6, Stockton 3, San Luis Obispo 2, Burlingame 1, Santa Barbara County 1, Santa Barbara 2, Santa Maria 5, Sierra County 4, Siskiyou County 1, Solano County 1, Stanislaus County 1, Sutter County 1, Tehama County 1.

Pneumonia (Lobar)

25 cases: Oakland 1, Fresno County 1, Los Angeles County 3, Alhambra 1, Glendale 1, Los Angeles 7, Santa Monica 1, Maywood 1, Bell 1, Monterey County 1, Roseville 1, Riverside 1, San Diego County 2, San Diego 2, San Francisco 1.

Scarlet Fever

95 cases: Berkeley 1, Oakland 3, El Cerrito 1, Fresno County 2, Fresno 1, Orland 1, Bakersfield 1, Los Angeles County 14, El Monte 1, Glendora 2, Inglewood 1, Long Beach 2, Los Angeles 13, San Fernando 2, Santa Monica 2, Monterey Park 1, Grass Valley 1, Elsinore 1, Riverside 1, Sacramento 3, San Diego County 1, Coronado 2, San Diego 2, San Francisco 12, San Joaquin County 3, Stockton 2, San Mateo County 1, Redwood City 2, South San Francisco 1, Santa Clara County 2, Palo Alto 1, San Jose 4, Stanislaus County 1, Ceres 1, Turlock 1, Sutter County 1, Tulare County 3, Yolo County 1.

Smallpox

One case: San Jose.

Typhoid Fever

12 cases: Fresno 1, Brawley 1, Burbank 1, Roseville 1, Sacramento County 2, Sacramento 1, San Diego County 1, San Francisco 1, Vallejo 2, Petaluma 1.

Whooping Cough

101 cases: Alameda County 3, Alameda 3, Berkeley 9, Oakland 9, Piedmont 1, Richmond 1, Fresno County 2, Fresno 1, Los Angeles County 5, Burbank 1, Inglewood 1, Long Beach 3, Los Angeles 6, South Pasadena 1, South Gate 3, Orange County 4, Fullerton 5, Orange 2, Sacramento 1, San Diego County 2, San Diego 9, San Francisco 17, Stockton 3, Santa Barbara 3, Santa Maria 2, Santa Cruz 4.

Meningitis (Epidemic)

7 cases: Fresno County 1, Eureka 1, Napa County 1, Santa Barbara County 1, Yuba County 2, California 1.*

Dysentery (Amoebic)

3 cases: Los Angeles 2, San Francisco 1.

Dysentery (Bacillary)

4 cases: Inglewood 1, San Francisco 2, Santa Clara County 1.

Pellagra

One case: Long Beach.

Poliomyelitis

22 cases: Antioch 1, Eureka 1, Kern County 1, Los Angeles County 2, Los Angeles 7, Pomona 1, San Gabriel 1, Orange County 1, San Francisco 1, San Luis Obispo County 2, Tulare County 3, Visalia 1.

Tetanus

2 cases: Bakersfield 1, Los Angeles County 1.

Encephalitis (Epidemic)

One case: Contra Costa County.

Undulant Fever

4 cases: Kern County 1, Los Angeles County 1, Pomona 1, Orange County 1.

Actinomycosis

One case: Santa Paula.

Septic Sore Throat (Epidemic)

One case: Fresno County.

Relapsing Fever

One case: San Bernardino County.

Rabies (Animal)

17 cases: Reedley 1, Los Angeles County 3, Arcadia 1, Los Angeles 7, Fullerton 1, Colton 1, San Diego County 1, San Joaquin County 1, Tracy 1.

DISEASES REPORTABLE IN CALIFORNIA

REPORTABLE ONLY

ANTHRAX
BERIBERI
BOTULISM
COCCIDIOIDAL GRANULOMA
DENGUE*
FLUKE INFECTION
FOOD POISONING
GLANDERS***
HOOKWORM
JAUNDICE (Infectious)
MALARIA*
PELLAGRA
PNEUMONIA (Lobar)
RELAPSING FEVER
ROCKY MOUNTAIN SPOTTED FEVER
SEPTIC SORE THROAT
TETANUS
TRICHINOSIS
TULAREMIA
UNDULANT FEVER

ISOLATION OF PATIENT

CHICKENPOX**
DYSENTERY (Amoebic)
DYSENTERY (Bacillary)
ERYSIPELAS
GERMAN MEASLES**
GONOCOCCUS INFECTION
INFLUENZA
MEASLES**
MUMPS**
OPHTHALMIA NEONATORUM
PSITTACOSIS
RABIES (Animal)**
RABIES (Human)
SYPHILIS
TRACHOMA
TUBERCULOSIS
WHOOPING COUGH**

QUARANTINABLE

CHOLERA***
DIPHTHERIA
ENCEPHALITIS (Epidemic)
LEPROSY
MENINGITIS (Epidemic)
PLAGUE***
ACUTE ANTERIOR POLIOMYELITIS
SCARLET FEVER
SMALLPOX
TYPHOID AND PARATYPHOID FEVER
TYPHUS FEVER
YELLOW FEVER***

* Patients should be kept in mosquito-free room.
** Nonimmune contacts isolated also.
*** Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

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* Cases charged to "California" represent patients ill before entering the state or those who contracted their illness traveling about the state throughout the incubation period of the disease. These cases are not cheageable to any one locality.

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